

Soccer Accident Insurance (SAI)-Overview

for the American Youth Soccer Organization



*This document is designed to give an overview of the insurance coverage. It is meant only as a general understanding of the SAI benefit and should not be construed as a legal interpretation of the insurance policy coverage, conditions or exclusions!

EXCESS POLICY: Injuries occurring from JULY 1, 2023 for members registered with the AYSO National Office.

KEEP THIS POLICY OVERVIEW – download the full version from www.ayso.org.

Excess Coverage requires the following and is subject to all policy terms, conditions and exclusions:

- proof of loss must be filed within 90 days;
- each claim is subject to a \$500 deductible and 20% member Coinsurance;
- first *medical or dental* expense must be incurred within 60 days of covered accident;
- 52 week benefit period from date of the covered accident;
- Accident Medical Expense Benefits are only payable for allowable expenses incurred after the deductible has been met.

FORMS:						
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<u>www.AYSOvolunteers.org</u> – Use the Search function to find Soccer Accident Insurance

QUESTIONS:

Email: insuranceclaims@ayso.org

COVERED PERSONS:

All AYSO <u>currently</u> registered* members [players, coaches, managers, team workers, scorekeepers, referees, officials and volunteer workers] are "Covered Persons" for accidental bodily injury while participating in the following covered activities:

- Team practice sessions, scheduled games, tournaments, or other AYSO sanctioned activities [meetings, banquets, fundraisers] provided they are under the direct supervision of an AYSO registered volunteer.
- Travel of covered members to and from a sponsored activity such as practice sessions, games, tournaments, or AYSO sanctioned activities, provided that players are traveling as a team and a licensed adult driver operates the vehicle.

MAXIMUM BENEFITS PAYABLE:

- \$15,000 Maximum for Accidental Death & Dismemberment
- \$50,000 Maximum for Accident Medical expenses including:
- Dental Benefit for injuries to sound natural teeth included
- Orthopedic Benefit included
- Physical Therapy / Occupational Therapy limit of \$100 per visit up to 10 visit max

REMEMBER:

- Each claim is subject to a \$500 deductible & 20% member Coinsurance.
- Carrier MUST receive written proof of loss within 90 days of the date of injury.
- If the registered member is covered by any other health care plan, all bills must be submitted to the other health plan first.
- Medical providers should submit itemized bills (UB04 or CMS1500) directly to AYSO's insurance.
- Copies of Explanation of Benefits (EOB) must be sent along with the SAI claim form.

THE CLAIMANT MUST:

- Obtain an AYSO Soccer Accident Insurance (SAI) Claim form from:
 - www.ayso.org (For Families tab) or
 - Safety Director or
 - o Regional Commissioner
- Secure the signatures from the AYSO Regional Commissioner and Safety Director.
- It is the responsibility of the registered member to make a copy for his own records and then mail the claim form to the address included in the claim instructions. Please consider sending the packet certified though the US Postal Service.
- All claims are subject to the full policy terms and conditions.

^{*}Registration requirements will be verified before any benefits are paid.